

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552610

FILING DATE

31 AUG 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	0					
5	/					
6	0					
7	0					
8	0					
9	/					
10	0					
11	0					
12	0					
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14	0					
15	0					
16	0					
17	/					
18	/					
19	/					
20	2					
21	2					
22	0					
23	2					
24	2					
25	2					
26	0					
27	/					
28	/					
29	/					
30	/					
31	0					
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TOTAL IND.	18		↓		↓	↓
TOTAL DEP.	30	←	←	←	←	←
TOTAL CLAIMS	H3					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						

BEST AVAILABLE COPY